



MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
X-RAY SUPPLIER'S QUARTERLY REPORT OF INSTALLATIONS



SUPPLIER NAME: _____

BEGINNING DATE: _____

ADDRESS: _____

ENDING DATE: _____

PAGE _____ OF _____

TELEPHONE: _____

FOR AN EXISTING FACILITY PROVIDE THE FACILITY REGISTRATION NUMBER.
UNDER "INSTALLATION LOCATION": PROVIDE COMPLETE LOCATION NAME & ADDRESS, INCLUDING PHYSICIAN DEGREE TYPE.
PLEASE TYPE OR PRINT.

FACILITY REGISTRATION # IF CURRENTLY REGISTERED	INSTALLATION LOCATION (NAME & ADDRESS WHERE MACHINE WAS INSTALLED)	INSTALLATION DATE	MAKE/MODEL	MAX KVP	MAX MA	# OF TUBES	INTENDED USE	MACHINE TAG NUMBER

SEND TO: MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
RADIATION SAFETY SECTION
P.O. BOX 30643
LANSING, MICHIGAN 48909
TELEPHONE: (517) 636-6800
Website: www.michigan.gov/rss

SIGNATURE

TITLE

DATE